

Authorization No:

USDA DONATED FOOD TRANSFER FORM

FOOD ITEMS	QUANTITY	UNIT	PACK DATE	CONDITION OF FOOD

AGENCY INFORMATION

Agency:

Vendor No:

Address:

Title:

Phone No:

Fax No:

Contact Person:

Signature:

Date:

RELEASING PROCESSOR

I certify that the agency's inventory record has been adjusted to reflect the transfer of USDA Donated Food(s) now transferred out of my possession.

Processor:

Agreement Number:

Signature:

Date:

Title:

Phone No:

Fax No:

RECEIVING PROCESSOR

I certify that the agency's inventory record has been adjusted to reflect the transfer of USDA Donated Food(s) now in my possession.

Processor:

Agreement Number:

Signature:

Date:

Title:

Phone No:

Fax No:

APPROVED

Commodity Distribution Unit

Title

Date

NUTRITION SERVICES DIVISION

C204 (1/2001)